

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000099025

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL, VIDEO AND INDUSTRIAL DESIGN, INC.

**Current Principal Place of Business:**

273 REX PLACE, UNIT G  
MADEIRA BEACH, FL 337081927

**New Principal Place of Business:**

7550 128TH STREET  
SEMINOLE, FL 33776

**Current Mailing Address:**

273 REX PLACE, UNIT G  
MADEIRA BEACH, FL 337081927

**New Mailing Address:**

7550 128TH STREET  
SEMINOLE, FL 33776

**FEI Number:** 26-0840334

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOVEC, OLIVER  
273 REX PLACE, UNIT G  
MADEIRA BEACH, FL 337081927 US

**Name and Address of New Registered Agent:**

LOVEC, OLIVER  
7550 128TH STREET  
SEMINOLE, FL 33776 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OLIVER LOVEC

Electronic Signature of Registered Agent

04/30/2012

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: LOVEC, OLIVER  
Address: 7550 128TH STREET  
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OLIVER LOVEC

Electronic Signature of Signing Officer or Director

P

04/30/2012

Date